

## Intimate partner violence among military veterans and active duty servicemen

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### Abstract

Intimate partner violence (IPV) is a serious public health problem that has received increased attention in the military. We review existing literature regarding prevalence, consequences, correlates, and treatment of IPV perpetration among military veterans and active duty servicemen. Rates of IPV across these military populations range from 13.5% to 58%, with considerably lower rates obtained among samples not selected on the basis of psychopathology. For both military veterans and active duty servicemen, IPV results in significant victim injury and negative child outcomes, and problematic substance use, depression, and antisocial characteristics represent psychiatric correlates of IPV perpetration. For veterans, posttraumatic stress disorder also is an important correlate that largely accounts for the relationship between combat exposure and IPV perpetration. Additional correlates include military service factors, relationship adjustment, childhood trauma, and demographic factors. The only experimentally controlled IPV treatment study indicates that standard treatments are ineffective for active duty servicemen. Further research is needed to advance the development of etiological models of IPV among military populations, to determine whether such models necessarily differ from those developed among civilians, and to rigorously test IPV interventions tailored to the specific characteristics of these individuals.

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Intimate partner violence (IPV) is a serious national public health problem. Approximately 12% of couples in the United States report male-to-female violence each year (Straus & Gelles, 1990), and recent national surveys indicate that 1.3 million women are physically assaulted by an intimate male partner annually, with nearly half of these victims reporting injury (Centers for Disease Control and Prevention, 2003; Tjaden & Thoennes, 1998). IPV is related to an increased frequency of physician and emergency room visits (Bergman & Brismar, 1991; McLeer & Anwar, 1989; Plichta, 1992), as well as a wide variety of negative health consequences, including death (Campbell, 2002; Campbell et al., 2002; Coker et al., 2002; Coker, Smith, Bethea, King, & McKeown, 2000; Eisenstat & Bancroft, 1999; Greenfeld et al., 1998; Sutherland, Sullivan, & Bybee, 2001). Furthermore, the yearly cost of direct medical and mental health care to victims of IPV has been estimated at \$4.1 billion (Centers for Disease Control and Prevention, 2003), irrespective of indirect costs such as loss of work and decreased productivity.

IPV has only been recognized as a serious public health issue since the 1970s, resulting in a currently underdeveloped research base in both civilian and military populations. Interest in the difficulties faced by military families has increased in recent years due in part to the well-publicized 2002 domestic homicides at Fort Bragg, North Carolina among Special Forces units who served in Afghanistan. Given that 26.4 million veterans reside in the United States (United States Census Bureau, 2003), and the total United States military force is currently comprised of over 1.4 million active duty personnel, of which 52% are married and 85% are male (Department of Defense, 2004), a better understanding of IPV perpetration among active duty servicemen and military veterans is a necessity. Due to the unique stressors and training experienced by these individuals, it should not be assumed that the prevalence and correlates of IPV are invariant across civilians, veterans, and active duty military servicemen (Taft et al., 2005).

As no systematic literature reviews have previously been conducted regarding IPV perpetration among active duty servicemen and veterans, the current paper aims to characterize the established information on the topic and reveal areas in need of further inquiry. We begin by summarizing available evidence regarding the prevalence and consequences of IPV among these populations. Next, correlates of IPV and potential etiological variables are reviewed, followed by a discussion of IPV interventions for these individuals and suggestions for future research. Our focus is on male-perpetrated IPV due to the dearth of research in the area of female-perpetrated IPV among the populations of interest. For the purposes of this review, IPV is defined as a physical assault committed by a spouse, ex-spouse, or current or former boyfriend. Given inherent differences between active duty military servicemen and veterans, this review distinguishes between these two groups. The term “active duty military servicemen” refers to men who are on full-time duty in the active United States military, and the term “veterans” refers to men who have served and been separated from any branch of the armed forces.

## 1. Identification of studies for review

Articles examining IPV perpetration by military servicemen or veterans were identified by searching MEDLINE, PsycINFO, the Published International Literature on Traumatic Stress (PILOTS) database, and the Educational Resources Information Center (ERIC) database. Search terms included: *combat* and *violen\**, *combat* and *batter\**, *combat* and *abus\**, *combat* and *assault\**, and *combat* and *aggress\**. These searches were repeated with the words *war zone*, *warzone*, *veteran*, and *military* replacing the term *combat*. Searches were limited to articles published in January 1970 to February 2005, inclusive, due to

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